

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90152 025 \*\*\*150.00

**DOCUMENT # L19866**

1. Entity Name  
**AMOS & ASSOCIATES, INC.**

Principal Place of Business  
**222 HARBOUR DRIVE, #120**  
**NAPLES FL 34103**  
**US**

Mailing Address  
**222 HARBOUR DRIVE, #120**  
**NAPLES FL 34103**  
**US**

2. Principal Place of Business  
**506 64<sup>th</sup> AVE Terr. W**  
 Suite, Apt. #, etc.  
**BRADENTON FL 34207**  
 City & State

3. Mailing Address  
**506 64<sup>th</sup> AVE TERR. W.**  
 Suite, Apt. #, etc.  
**BRADENTON FL 34207**  
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0153521** Applied For ☐ Not Applicable ☐  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>AMOS, WL</b> <b>222 HARBOUR DRIVE</b> <b>NAPLES FL 34103</b>		7. Name and Address of New Registered Agent Name <b>Amos W. L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>506 64<sup>th</sup> AVE, Terr. W</b> City <b>Bradenton Fl.</b> <b>FL</b> Zip Code <b>34207</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AMOS, LINDA B. 222 HARBOUR DRIVE, #120 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMOS, LINDA B. 506 64 <sup>th</sup> AVE. TERR. W. BRADENTON. FL. 34207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda B Amos LINDA B Amos 4/24/01 517-797-1662  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0394698

CR2E034 (10/00)